

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90049 023 \*\*\*150.00

**DOCUMENT # F97000004022**

1. Entity Name

LA BELLE AUTO AND TRUCK SUPPLY, INC.



Principal Place of Business

860 SO MAIN ST  
LA BELLE FL 33935

Mailing Address

860 SO MAIN ST  
LA BELLE FL 33935

**50005978**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0762454

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'HARA, MICHAEL K  
860 SO MAIN ST  
LA BELLE FL 33935

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME O'HARA, MICHAEL K  
STREET ADDRESS 406 MAGNOLIA AVE  
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE VD ☐ Delete  
NAME BARBEE, MICHAEL  
STREET ADDRESS 5188 CALDWIN TERRACE  
CITY-ST-ZIP MARIETTA GA 30068

TITLE SD ☒ Delete  
NAME KOENIGSHOFER, RON  
STREET ADDRESS 9136 HIGHLAND RIDGEWAY  
CITY-ST-ZIP TAMPA FL 33647

TITLE TD ☐ Delete  
NAME O'HARA, CYNTHIA L  
STREET ADDRESS 406 MAGNOLIA AVE  
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 860 S Main st  
CITY-ST-ZIP Labelle FL 33935

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME SD  
STREET ADDRESS O'Hara Michael K  
CITY-ST-ZIP 860 S Main st  
Labelle FL 33935

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 860 S Main st  
CITY-ST-ZIP Labelle FL 33935

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Mike O'Hara* Mike O'Hara

1-20-05

863-675-0046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #